THE IMPACT OF STRENGTHENING MEDICAID ON MISSOURI'S MENTAL HEALTH SYSTEM

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Executive Summary

As the state's public mental health authority, the Department of Mental Health (DMH) is responsible for overseeing, operating and funding much of the mental health system in Missouri. It is a complex system that requires close collaboration with community partners to maximize resources and provide effective treatment to some of the state's most vulnerable citizens.

Strengthening Medicaid by extending eligibility to 138% of the federal poverty level, through federal funding available under the Affordable Care Act (ACA), has major implications for Missouri's mental health system. This analysis compares the major changes that will occur in community mental health and psychiatric inpatient services if the state extends eligibility or if it maintains current eligibility levels.

Four community hospitals have participated in this analysis. They include CoxHealth-Springfield, SSM St. Joseph Health Center-St. Charles/Wentzville, Truman Medical Center-Lakewood and Twin Rivers Regional Medical Center-Kennett. They are typical of most hospitals in Missouri.

In summary, the major findings of the report are as follows:

- If eligibility is extended, nearly 50,000 of the 300,000 newly eligible Missourians would receive behavioral health services through DMH-funded community treatment and support programs. Many will be young adults, between the ages of 18-30, with developing mental illness such as schizophrenia or bipolar disorder. Missouri's public mental health system does not now serve them well because they are generally uninsured and have no means to pay for their treatment.

- Through extended eligibility, Community Mental Health Centers (CMHCs) and other DMH-contracted community behavioral health providers will engage individuals earlier in the onset of their mental illness or substance abuse. DMH and MO HealthNet (Missouri's state Medicaid agency) have already proven that early intervention and treatment result in better health outcomes at lower costs through recent pilot programs focusing on high-cost Medicaid recipients with co-occurring mental illness and chronic medical conditions.

- Missouri hospitals, that deliver inpatient services to uninsured and indigent patients, receive over $500 million annually through a federal reimbursement mechanism called Disproportionate Share Hospital (DSH) payments. Under ACA, all hospitals receiving DSH reimbursements will ultimately lose approximately 50% of this funding, since many individuals who are now uninsured or indigent will become Medicaid eligible if states extend eligibility. Missouri hospitals will lose about $250 million in federal reimbursements for the charity care they provide, whether or not the state chooses to extend eligibility.

- Missouri already has limited availability of acute psychiatric inpatient beds statewide. Community hospitals now operate a total of 2,168 acute psychiatric beds, or about one psychiatric inpatient bed for every 2,800 Missourians. For comparison, community hospitals now operate one general medical bed for every 300 Missourians.

- Only 1,174 (or 54%) of Missouri's 2,168 acute psychiatric community hospital beds are for adults between the ages of 18 and 65, even though the onset of serious mental illness usually occurs during the early and mid-adult years. While child and geriatric inpatient beds have lower percentages of indigent patients and have other funding streams, such as Medicare, to cover their costs, adult psychiatric inpatient beds do not.

- If Medicaid eligibility levels remain the same, Missouri hospitals will be forced to reduce services to indigent patients to make the necessary budget reductions. While the overall percentage of a hospital's indigent patients may be small, the percentage of indigent patients served in its acute psychiatric units is much higher. Among the four hospitals participating in this analysis, only 7-18% of all patients served by the hospitals were uninsured, but the acute psychiatric units of the hospitals provided 24% to 58% of all indigent care days.

- The hospitals included in this study will lose between $1.0 million (Twin Rivers-Kennett) and $10.6 million (Truman-Lakewood) in federal indigent care reimbursements annually under the DSH reduction, depending on the hospital's size. Since a very high percent of the charity care they provide is in their inpatient psychiatric units, the hospital will be forced to cut adult acute psychiatric beds as the DSH cuts take effect.

- Individuals who are seriously mentally ill and in crisis are often involuntarily committed to acute inpatient care for diagnosis and treatment by Missouri's courts. The additional loss of acute psychiatric beds will create even greater problems for county sheriffs and city law enforcement departments that must transport these patients, often for long distances, in search of a psychiatric inpatient bed. Local law enforcement officers already stay at the hospital emergency rooms and inpatient units for many hours as these patients are admitted to care. This situation will worsen.

- If community hospital psychiatric beds close, there will be increasing pressure on elected officials to open state acute psychiatric beds. The operating costs for state-operated acute beds would average approximately $850 per day, or about $31 million per year for every 100 beds, not including capital costs. Reduced federal DSH payments for state hospitals means that the costs of opening acute psychiatric inpatient beds would be borne primarily by state general revenue funding.

Specific information on the impact of strengthening Medicaid as it relates to individuals with developmental disabilities (DD) has been added and can be found at the end of the report in Addendum A. The below points provide a summary of the addendum:

- DMH estimates that extending Medicaid coverage to Missourians with incomes at or below 138% of the federal poverty level means that over 40,000 Missourians with DD will have health insurance to help them remain healthy and continue working.

- Providers of healthcare services for the newly eligible Missouri Medicaid population will be reimbursed at commercial rates that are higher than traditional Medicaid reimbursements rates, promoting broader and easier access to healthcare.

- Approximately 5,000 of the 15,000 adult Missourians under age 65 now receiving services from the DMH-Division of Developmental Disabilities (DMH-DD) have a dual diagnosis of DD and mental illness (MI). Last year 1,778 of these adults were hospitalized in a psychiatric inpatient unit for their mental illness condition.

- With only 1,174 adult acute psychiatric hospital beds remaining in Missouri, it is already difficult for persons with dual diagnoses of DD/MI to be admitted due to the small number of beds and unique characteristics and communication difficulties of these dually diagnosed individuals.

- As mentioned earlier, there is a great risk that more psychiatric hospital beds will close and therefore patients with a DD/MI condition, needing psychiatric inpatient care, will not be able to access it.

Strengthening Medicaid in Missouri will enhance public safety and improve public health by providing earlier intervention for people developing serious mental illness and substance use disorders as well as cover working individuals with developmental disabilities. Not extending Medicaid eligibility will have a significant negative impact on Missouri's mental health system, particularly on psychiatric inpatient services.

THE IMPACT OF STRENGTHENING MEDICAID ON MISSOURI'S MENTAL HEALTH SYSTEM

At the request of Governor Jay Nixon, the Department of Mental Health has analyzed the impact on Missouri's mental health system if the state chooses to extend Medicaid eligibility through the Affordable Care Act (ACA), or if it does not.

This first section of this report provides information about the impacts of the Medicaid eligibility decision on mental health inpatient services in Missouri. The second section assesses the impacts of the decision on Missouri's mental health outpatient services.

BACKGROUND

The Department of Mental Health (DMH) serves more than 170,000 Missourians annually with mental illness, developmental disabilities and addictions. It is a safety net for the state's most vulnerable citizens and their families.

DMH contracts for community mental health and substance abuse services with community mental health centers (CMHCs) and their affiliates throughout the state to provide outpatient and community support services for individuals with serious mental illness. Each CMHC is responsible for a service area in designated counties of the state (see Attachment 1). These agencies determine a person's eligibility for services and provide a continuum of comprehensive mental health services including counseling, case management, medications, crisis intervention, and psychiatry services.

DMH also contracts with CMHCs and other community providers for substance use disorder services. These services include detoxification, counseling, group therapy, family therapy, and case management.

While DMH directly operates intermediate and long term care psychiatric facilities for adults and one children's psychiatric hospital, it does not provide acute psychiatric inpatient services. Missourians who need acute psychiatric hospitalization are served by their closest community hospital that provides psychiatric inpatient services.

IMPACT OF STRENGTHENING MEDICAID ON MENTAL HEALTH INPATIENT SERVICES

Community hospitals that provide charity care qualify for federal Disproportionate Share Hospital (DSH) payments to help cover the cost of their uncompensated care. Under ACA, Congress assumed that extending Medicaid eligibility to 138% of the federal poverty level would reduce the number of uninsured individuals needing charity care in community hospitals nationwide. Consequently, the ACA reduced federal DSH payments for all states over time. Regardless of a state's decision about extending Medicaid eligibility, DSH payments to hospitals for uncompensated care will be reduced beginning in Federal Fiscal Year 2014, ultimately reaching about 50% of its current level and continuing at that lower level thereafter.

Missouri's community hospitals will receive over $500 million in DSH payments in State Fiscal Year 2013. A 50% reduction means that Missouri hospitals will lose over $250 million in federal reimbursement for uncompensated care when the ACA reductions take full effect.

Four Missouri community hospitals participated in this analysis as examples. Three are urban hospitals and one serves a rural area. All are typical of such hospitals throughout the state. They are listed in Table 1 below, which shows the impact of the DSH reductions for each hospital.

Table 1 – Anticipated DSH Loss for Four Missouri Hospitals

HOSPITAL	ANNUAL DSH REIMBURSEMENT (4 year average)	HOSPITAL'S ANNUAL DSH LOSS UNDER ACA (50% of Current DSH Reimbursement)
CoxHealth – Springfield	$19,794,075	$9,897,038
SSM St. Joseph Health Center - St. Charles/ Wentzville	$8,304,400	$4,152,200
Truman Medical Center – Lakewood	$21,224,123	$10,612,062
Twin Rivers Regional Medical Center – Kennett	$1,916,201	$958,101

Missouri has lost 1,400 psychiatric inpatient beds since 1990. The state may already be approaching a tipping point in the availability of acute psychiatric beds. There are now only 2,168 total acute psychiatric beds in community hospitals statewide for Missourians of all ages - one bed for every 2,800 people. The ratio is far worse for adult acute psychiatric beds. By comparison, there is one general medical inpatient bed available for every 300 Missourians.

Since extended Medicaid eligibility primarily affects adults under age 65 with incomes up to 138% of the federal poverty level, this analysis focuses on non-geriatric adult acute psychiatric inpatient beds. Only 1,174 (or 54%) of Missouri's psychiatric inpatient beds serve adult, non-geriatric patients. See Attachment 2 for the location and number of these beds by hospital throughout Missouri.

It is important to note that the number of indigent patients served on adult psychiatric inpatient units is higher than on other inpatient medical units operated by community hospitals. Table 2 below shows the percent of all indigent patients served by the four hospitals, and the percent that are on each hospital's adult psychiatric inpatient units. It also shows the percent of each hospital's total uncompensated charity care days that are delivered on that hospital's adult acute psychiatric inpatient units.

Table 2 – Comparison of Uninsured Patients by Hospital

HOSPITAL	TOTAL HOSPITAL BEDS	ADULT PSYCHIATRIC INPATIENT BEDS	% OF HOSPITAL'S PATIENTS THAT ARE UNINSURED	% OF ADULT PSYCHIATRIC PATIENTS THAT ARE UNINSURED	% OF HOSPITAL'S TOTAL UNCOMPENSATED BED DAYS ATTRIBUTED TO ADULT PSYCHIATRIC UNITS
CoxHealth – Springfield	646	42	9.0%	30.9%	23.8%
SSM St. Joseph Health Center - St. Charles/Wentzville	331	61	9.4%	28.8%	58.2%
Truman Medical Center – Lakewood	310	28	17.9%	23.7%	46.7%
Twin Rivers Regional Medical Center – Kennett	116	12	6.7%	18.2%	52.2%

While the number of beds on the adult acute psychiatric inpatient units for the above hospitals are small in comparison to total hospital beds (6-18% of all hospital beds), they account for a very large percentage of the hospital's total uncompensated care days (24-58%). Therefore, if the state chooses not to extend eligibility to help these hospitals overcome the loss of DSH reimbursement, the logical action for the hospitals is to cut their adult psychiatric inpatient beds to eliminate a large percentage of their uncompensated care losses.

Steve Edwards, the President and CEO of CoxHealth, summed it up best when he said, "*One of my worries is that hospitals will look at areas where they can make cuts, and areas of behavioral health are going to be likely targets from a financial perspective. It seems inevitable that without Medicaid expansion, hospitals will be forced to contemplate reducing psychiatric beds*."

Moreover, executives at hospitals like Phelps Regional Medical Center in Rolla, who are aware of the need for additional acute psychiatric inpatient beds in their region, will not be able to address this need. Ellis Hawkins, COO, said, "*Phelps Regional Medical Center will not be able to even consider expanding its adult acute psychiatric inpatient beds if Medicaid expansion does not go forward in Missouri*."

The loss of more acute inpatient psychiatric beds in Missouri will place additional stress on hospital emergency rooms, law enforcement officials, city and county jails and the Missouri Department of Corrections.

An August 2011 survey by the Missouri Hospital Association found that hospitals had been forced to keep a total of 530 psychiatric patients in emergency rooms during the previous week because their psychiatric inpatient units were full.

County law enforcement officials have reported that they now spend ten hours or more transporting an individual to a court-ordered inpatient evaluation to determine if they are dangerous to themselves or others. Much of that time is spent supervising the patients while they are admitted to psychiatric inpatient units through hospital emergency rooms. Sheriffs indicate that the number of individuals

incarcerated in their county jails who have serious mental illness is growing. City law enforcement officials report the same.

Sheriff Kent Oberkrom, President of the Missouri Sheriffs' Association, said, *"Because of the lack of mental health beds, county jails have become the new community mental health units for many individuals who, after not receiving treatment and/or medications for an extended period of time, will commit crimes that cause them to be arrested and subsequently incarcerated. While incarcerated, they continue to not receive any treatment for their mental illness. It is truly an injustice to a person suffering from mental health issues that they are not receiving adequate and timely treatment for their illness. It is too often the case that a person with mental illness is in a continuous revolving door of community, law enforcement and mental health services."*

One example of the situation confronting Missouri law enforcement comes from Sheriff Tommy Greenwell of Pemiscot County. *"When we receive a 96 hour order from the Probate Court, we transport to either Poplar Bluff or West Plains, whichever has a bed open at the time. When deputies arrive at the hospital they are required to have the patient 'medically cleared' at the emergency room before accepting them on the order. This has taken up to 5 to 6 hours; then another several hours to be admitted. The hospitals want the deputies to remain until admitted. On many occasions my office only has one deputy on duty for the entire County. We transported an individual twice in 2010, once in 2011 and 2013. (He was in MDOC most of 2012). On the last order in 2013, the individual was incarcerated in our jail where he flooded the jail, threw urine on jail staff, broke the sprinkler head, and fought jail staff. The hospital in Poplar Bluff refused to take him; finally got an order to West Plains, and deputies transported him. Within 18 hours he was back in the county jail destroying it again. The hospital drove him back to his residence in an ambulance and dropped him off. His charge to be placed in jail was indecent exposure. One of his cases, he stole a Caruthersville police car and totaled it in an accident. He is known in the community as having mental problems and has had them most of his life. He is a time bomb waiting to explode. We must have more beds for these folks and in my opinion, state beds, not private beds."*

The closure of psychiatric inpatient beds will also impact the Missouri Department of Corrections. More than 16% of inmates in the prison system have mental illness such as schizophrenia, major depression, or bipolar disorder. A crisis in mental health adult inpatient beds, and the resulting additional pressures on county and city jails, is likely to push this number higher. George Lombardi, Director of the Department of Corrections, has deep concern about an increase in the inmate population of individuals who would normally be served through the mental health system in the community but now will be entering the criminal justice system in large numbers and ultimately his prisons. He said, *"The inevitable growth in the population needing mental health services will require not only that the state pay the cost of incarceration, but there is also the constitutional requirement to provide appropriate mental health treatment while they are in prison."*

As inpatient psychiatric beds decrease in Missouri over the next five years, there will be increasing pressure on elected officials to open state acute psychiatric beds. This pressure will grow despite the fact that the federal government prohibits direct Medicaid reimbursement to state psychiatric hospitals and that DSH payments for state hospitals will be reduced by 50%.

The cost of operating a state acute psychiatric bed will be approximately $850 per day. The state closed its acute care beds over the last five years because state funding had dropped below $600 per day, making it impossible to retain the necessary clinical staff and maintain adequate facilities.

If the state were forced to open acute psychiatric units, for each 100 beds opened, the annual operating costs would be $31 million, not including capital costs. If the state contracts with community hospitals for such beds, the costs would be comparable or higher.

IMPACT OF STRENGTHENING MEDICAID ON MENTAL HEALTH COMMUNITY OUTPATIENT SERVICES

Today it is hard for many Missourians to access DMH community behavioral health services, particularly for individuals with substance abuse problems and for younger, uninsured individuals in the early stages of mental illness. Access to care outside of emergency services is generally limited to individuals who have insurance or are Medicaid eligible.

Only a small percentage of Missourians who seek the Department's help for substance use disorders qualify for Medicaid. In addition, young adults with serious mental illness only become Medicaid eligible after being determined disabled. The federal eligibility process is lengthy and often takes years, proving extremely difficult to navigate for people with serious mental illness. By the time many people become Medicaid eligible, their mental health has deteriorated to the point that services are far more costly, and additional services become necessary such as housing, day treatment and other community support services.

When possible, Community Mental Health Centers (CMHCs) provide charity care to people with serious mental illness who are not yet Medicaid eligible. Without funding, these services are limited and crisis focused. Each year, thousands of individuals present to CMHCs and DMH-contracted substance abuse providers requesting services but do not receive them due to lack of insurance or other funding.

Lack of access to mental health services impacts the entire community. Sheriff Glen Boyer of Jefferson County said, *"In Jefferson County we are seeing a lot more mentally ill people and substance abusers in our county jail who would be better dealt with by a mental health center. Our local mental health center does not have the capacity to take care of all those who need care in a timely basis. Forensic evaluations are very difficult to get and when we have to take someone to a hospital for a 96 hour hold it removes a deputy from other duties and therefore affects public safety."*

Strengthening Medicaid has the potential to dramatically change today's reality. DMH estimates that nearly 50,000 of the 300,000 Missourians with incomes up to 138% of the federal poverty level who would be newly eligible for Medicaid would seek and receive behavioral health services through DMH. Of this total, 65% will seek treatment for substance use disorders and 35% for a serious mental illness. It is estimated that 34,000 of these individuals will seek and receive some level of DMH services with or without extending eligibility. If eligibility is not extended, their services will be provided through uncompensated charity care, full state general revenue funding, or federal block grant funds.

Having health care coverage greatly improves an individual's ability to access coordinated behavioral health services in a community-based clinic setting rather than through expensive crisis systems. Early intervention and treatment not only lead to better health outcomes but also lowers costs to the state. Studies have proven that individuals with serious mental illness, substance use disorders and associated chronic medical conditions who receive treatment and case management services from CMHCs have better health outcomes at less cost than those who do not.

For example, in November 2010, DMH began a collaborative project called Disease Management 3700 (or DM 3700) with the MO HealthNet Division and the Coalition of Community Mental Health Centers. This initiative targets Medicaid recipients with serious mental illness, chronic medical conditions and high medical costs, who were not previously being served by a CMHC. Since its beginning, community support specialists across Missouri have tracked down thousands of high-risk, high-cost individuals and enrolled them in a CMHC. The CMHCs help individuals obtain a "health home," which is a primary care or behavioral health provider responsible for overall coordination of care. The initiative helps patients:

- Obtain mental health care, substance abuse treatment if needed, and specialized medical care;
- Schedule and keep doctor's appointments;
- Track medications and other medical treatments;
- Get care that is coordinated among all healthcare providers; and
- Receive health education about smoking, obesity and physical activity.

The results of DM 3700 for the 1,838 individuals enrolled for 12 months or more show savings of $8.2 million annually. The savings account for all costs, including behavioral health care costs of the DM 3700 project itself. Other positive outcomes include: ER visits decreased by 16.4%, hospital visits down 21.7%, and the average length of stay per hospital admission decreased by 25.5%.

For individuals with substance use disorders, extending eligibility would create new opportunities for jail diversion, drug court treatment, and probation and parole programs that prevent costly incarceration and reduce recidivism. Individuals who receive timely substance abuse treatment improve on almost every indicator. They do better at work or in school, have fewer health problems, cause less crime, and have stronger social connections.

In addition to improving public safety and public health, several studies have shown significant cost savings from community-based substance abuse treatment as opposed to incarceration. In Missouri, the average prison stay for an offender with a drug-related offense is 333 days at an average cost per stay of $19,041. The average length of engagement in community-based treatment is 81 days at an average cost of $1,771.

In fact, Missouri data shows that only about 5% of offenders who complete both institutional and community-based substance abuse treatment return to prison within one year of release, compared to nearly 28% returning to prison if they get no treatment. George Lombardi, Director of the Department of Corrections, has seen the successful outcomes of community mental health treatment for individuals on probation and parole. *"With Medicaid expansion providing better access to appropriate treatment, the risk of future criminal behavior and ultimately incarceration of these individuals is lessened,"* he said.

By extending Medicaid eligibility, CMHCs and other community providers will be able to engage individuals much sooner in the onset of their mental illness or substance abuse. They will receive coordinated behavioral health treatment and care management that are proven to dramatically reduce the need for more costly healthcare services later.

Conversely, if the state does not extend eligibility, Missouri's outpatient mental health system will continue to focus on crisis services and the costly treatment for individuals who finally become Medicaid eligible through disability determination. Missouri will have missed the opportunity to reach vulnerable, younger Missourians through early intervention strategies now sorely lacking.

Tragically, people with serious mental illness die 25 years earlier than the average Missourian because they do not get appropriate care for their mental and physical illnesses. Eight out of ten will die from a chronic medical disease such as heart disease, COPD or diabetes.

If Missouri chooses not to extend eligibility, uninsured Missourians with serious mental illness and substance use disorders will continue to:

- Experience long waits for DMH community behavioral health services;
- Overuse emergency rooms and inpatient medical services;
- Be determined "permanently and totally disabled" after years of waiting for services, and then cost the public health system much more; and
- Be more likely to be arrested and incarcerated for crimes because they never received appropriate treatment.

CONCLUSION

Strengthening Medicaid by extending eligibility to individuals earning up to 138% of the federal poverty level will greatly improve access for individuals in the early stages of mental illness and substance use disorders. Early intervention and treatment will lead to better health outcomes at lower state cost. Extending eligibility will offer new opportunities for innovative community treatment programs that prevent costly incarceration in city and county jails and state prisons.

Not extending Medicaid will have severe impact on Missouri's community hospital psychiatric inpatient services. Adult Missourians with mental illness already have very limited availability of acute psychiatric inpatient beds with only 1,174 beds statewide for individuals ages 18 through 64. With the loss of half of federal indigent care reimbursements, there is great risk that many more adult psychiatric inpatient units will be closed.

Further reduction in community hospital psychiatric beds will put extreme pressure on the state to open state-operated hospital beds at a major cost to the state and with little federal reimbursement.

In summary, strengthening Medicaid would help transform Missouri's mental health system by moving it toward earlier intervention for people developing serious mental illness and substance use disorders. Not extending Medicaid eligibility will not allow the state to improve its community outpatient services and runs the high risk of severely damaging its psychiatric inpatient services.

ADDENDUM A

April 2013

DIVISION OF
DEVELOPMENTAL
DISABILITIES

The Impact of Strengthening Medicaid for Missourians with Developmental Disabilities

Positive Benefits of Strengthening Medicaid for Missourians with Developmental Disabilities:

- According to 2010 US Census data, there are 3.7 million Missourians age 18 thru 64. National developmental disabilities (DD) prevalence data indicates that 1.58% of them, or 59,000 adult Missourians, will have a developmental disability.[1]

- The Missouri Department of Mental Health-Division of Developmental Disabilities (DMH-DD) serves about 15,000 adult Missourians with DD annually. In any given year, there are at least 44,000 Missouri adults with DD who do not receive DMH-DD services.

- Many Missourians with DD, including intellectual disabilities, currently work. Studies have shown that persons with DD are among the most highly motivated and reliable people in the workforce. However, their jobs and salaries are often at the lower end of the work spectrum, and most of their employers do not offer health insurance.

- DMH-DD estimates that extending Medicaid coverage to Missourians with incomes at or below 138% of the federal poverty level means that over 40,000 Missourians with DD will have health insurance to help them remain healthy and continue working.

- Providers of healthcare services for the newly eligible Missouri Medicaid population will be reimbursed at commercial rates that are higher than traditional Medicaid reimbursement rates, promoting broader and easier access to healthcare.

- If an individual with DD, newly covered through extended Medicaid eligibility, needs the case management and community-based waiver services provided by DMH-DD, he or she will be designated as "medically frail" under the new federal healthcare law, and will be referred to DMH-DD for these specialty services. These specialty services will be reimbursed at the enhanced federal/state matching rate of 90/10. The individual with DD will not have to be determined disabled to receive these services.

[1] Larson, S.L. et al. (2000). Prevalence of mental retardation and/or developmental disabilities: *Analysis of the 1994/1995 National Health Interview Survey's Disability Supplement, MR/DD Data Brief*. Minneapolis, MN: Institute of Community Integration, University of Minnesota.

Risks to Missourians with DD if Medicaid Coverage is Not Extended:

- 33%, or approximately 5,000 of the 15,000 adult Missourians under age 65 now receiving DMH-DD services, have a dual diagnosis of DD and mental illness (MI).

- Last year, 1,778[i] of these 15,000 adults with DD, were hospitalized in a psychiatric inpatient unit for their mental illness condition.

- Nearly 50%[ii] of these 15,000 individuals are prescribed one or more ongoing psychotropic medications. These are powerful drugs, designed to alleviate mental illness symptoms or modify an individual's behaviors, but can occasionally have unanticipated side effects that cause problems that require medication adjustments. In some situations, psychiatric hospitalization may be necessary to make these changes.

- Only 1,174 adult acute psychiatric hospital beds now remain in Missouri, which has lost 1,400 such beds since 1990. It is already difficult for persons with dual diagnoses of DD/MI to be admitted due to the small number of beds and the unique characteristics and communication difficulties of these dually diagnosed individuals.

- Missouri's community hospitals will lose over $250 million annually in charity care reimbursements, whether or not the state chooses to extend Medicaid eligibility. The cuts will take effect over a five year period.

- In Missouri hospitals that currently deliver adult psychiatric inpatient care, a very high percentage of the total charity care delivered throughout the entire hospital (24-58%) occurs on the hospitals' psychiatric units. As a result, there is great risk that more psychiatric beds will close and that patients with a DD/MI condition, needing psychiatric inpatient care, will not be able to access it.

[i] Medicaid paid claims for individuals enrolled with the Division of Developmental Disabilities who were admitted for at least one psychiatric hospitalization during Fiscal Year 2012.

[ii] Care Management Technologies pharmacy data analysis of Medicaid paid claims for the fourth quarter of Calendar Year 2012.